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WYO-202 (06/04)

OFFICE USE ONLY:

LO#:

BYE:

Claimant's Voluntary Quit Statement

This division is required to share a copy of this information to your most recent employer. Please complete all questions to follow. If you use additional sheets of paper, please mark the pages in order and supply the question number(s) on the page(s). Include all information you feel may be important to making a determination concerning your separation from your employment. **Please print legibly and use ink.**

Name: _____ SSN: _____

1. Most recent employer and their telephone number: _____

2. Supervisor's name: _____

3. Describe type of work you performed: _____

4. Date job started: _____

5. Date job ended: _____

6. Why did you quit your employment? Include all factors which contributed to your decision to leave your employment. _____

7. Did you quit because of a change in your job duties, schedule, pay, or working conditions? Yes _____ No _____

A. If yes, how were these changes to your disadvantage? _____

8. Did you attempt to correct the problems at your work place before quitting? Yes _____ No _____

A. If yes, who did you contact to discuss the problems. _____

1. Title of the person you contacted: _____

2. Dates you attempted to correct the problem? _____

3. What results, if any occurred? _____

4. What action did you take? _____

B. If no, why _____

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Name: _____ SSN: _____

9. Did you inform someone associated with your place of work that you were quitting? Yes _____ No _____

A. If yes, who did you tell? _____

1. What was the reason you gave this person for quitting your job? _____

B. If no, why did you choose not to tell your employer that you were leaving the job?

10. Please enter any additional information you wish to provide that will be helpful in the determination of your benefit eligibility. _____

Claimant's Certification

The information that I have provided in this statement is true to the best of my knowledge and belief. I am aware that this information will be verified and a copy of my statement will be provided to my former employer.

Claimant's Signature: _____ Date: _____

Return to:

Wyoming Department of Employment, Unemployment Insurance Division, P.O. Box 2760, Casper WY 82602